



**COUNTY OF NASSAU
OFFICE OF HOUSING & HOMELESS SERVICES
HOMEOWNERSHIP CENTER
40 MAIN STREET- FIRST FLOOR - SUITE B
HEMPSTEAD, NEW YORK 11550
(516) 572-1903/ FAX (516) 572-0843**

Thank you for contacting Nassau County's Homeowners Default Counseling Services Hotline. In order to better assist you, it is important that you complete the enclosed Intake Form and provide us with photocopies of the required documents prior to setting up your 1:1 counseling session.

ACTION PLAN

DOCUMENTS REQUIRED FOR COUNSELING SESSION

- ☐ **MONEY ORDER** for \$12.65 (individual) or \$19.65 (joint) for a credit report from all three major credit bureaus with a FICO score. (A copy will be provided after counseling session.)
**★Please make the money order payable to: CREDCO PO Box 509019
San Diego, CA 92150-9019**
- ☐ **COMPLETED APPLICATION & SIGNED AUTHORIZATION** (Enclosed Form)
- ☐ **PHOTOCOPY** OF SUMMONS & COMPLAINT (if applicable)
- ☐ **PHOTOCOPY** OF MORTGAGE NOTE (contains several pages)
- ☐ **PHOTOCOPY** OF UNIFORM LOAN APPLICATION (1003)
- ☐ **PHOTOCOPY** OF HUD 1 FORM
- ☐ **PHOTOCOPY** OF GOOD FAITH ESTIMATE
- ☐ **PHOTOCOPY** OF TRUTH -IN- LENDING
- ☐ **PHOTOCOPY** OF A MONTHLY MORTGAGE STATEMENT
- ☐ **PHOTOCOPY** OF THE DEED
- ☐ **HARDSHIP LETTER EXPLAINING REASON FOR DELINQUENCY AND ANY SUPPORTING DOCUMENTATION**
- ☐ **PHOTOCOPIES** OF CURRENT PAYSTUBS AND/OR PROOF OF ANY ADDITIONAL INCOME (WORKER'S COMP, DISABILITY, SSI, SOCIAL SECURITY, ETC.)
- ☐ **PHOTOCOPIES** OF LAST 2 YEARS INCOME FEDERAL TAX RETURNS, WITH W-2'S
- ☐ **PHOTOCOPIES** OF LAST 2 MONTHS OF BANK STATEMENTS
- ☐ **PHOTOCOPY** OF A CURRENT UTILITY BILL
- ☐ **PHOTOCOPY** OF LISTING AGREEMENT (if property is currently on the market)

★PLEASE NOTE WE WILL NOT ACCEPT ORIGINALS★

★ALL DOCUMENTS SUBMITTED MUST BE PHOTOCOPIED ★

YOU MUST BRING A PHOTO ID TO THE COUNSELING SESSION





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Default Prevention Counseling Intake Form

(Office use)

HCO #	H. H. Counseling Specialist:
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Borrower's Name _____
First M.I. Last

Address _____
Street Address Town State Zip Code

S.S. # _____ - _____ - _____ Date of Birth ____/____/____ Gender: ☐Female ☐Male

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email Address: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Co-Borrower (IF APPLICABLE)

Name _____
First M.I. Last

Address _____
Street Address Town State Zip Code

S.S. # _____ - _____ - _____ Date of Birth ____/____/____ Gender: ☐Female ☐Male

Home # (____) _____ Work # (____) _____ Cell# (____) _____

Email Address: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Relationship to Applicant _____

Name of Bank or financial institution servicing your mortgage: _____

Phone Number of Bank or financial institution servicing your mortgage: _____

What is the principal balance on your mortgage? \$ _____

Account number of current loan: _____

Monthly Mortgage Payment Amount: \$ _____

Is there a second mortgage? ☐ Yes ☐ No If "YES" what is the principal amount? _____

Name of Bank or financial institution servicing your **second** mortgage: _____

Phone Number of Bank or financial institution servicing your **second** mortgage: _____

Account number of **second** loan: _____

Monthly Mortgage Payment Amount of **second** mortgage: \$ _____

What is the interest rate? First Mortgage: _____% Second Mortgage: _____%

Are your taxes and insurance included? ☐Yes ☐No

What kind of loan do you have? ☐ARM ☐ 30 year fixed ☐ Interest only ☐ ARM Reset
☐ Option ARM ☐ Hybrid 1st & 2nd Loan ☐ Other _____

What is the status of your mortgage payment(s)? Current ☐Yes ☐No _____ months behind

How many income-earning people live in the household? _____ How long have you lived in the home? _____

How long have you been in this current mortgage? _____

Have you received any paperwork from the bank? ☐Yes ☐No If "YES" please provide us with copies.

List each person who lives with you in the household, starting with yourself:

#	Last Name	First Name	D.O.B	Gender	Relationship
1.					
2.					
3.					
4.					
5.					

Borrower check all that apply:

☐Female head of household ☐ Single Head of Household ☐ US Veteran ☐ Disabled
☐Homeownership Voucher Program: ☐Yes ☐ No ☐Family Self Sufficiency ☐Section 8 _____

Highest Education Level:

☐Some HS ☐HS Diploma ☐GED Diploma ☐ Vocational Certificate ☐Some College ☐Associates Degree
☐Bachelor’s Degree ☐ Master’s Degree ☐Doctoral Degree

Ethnicity of Head of Household (select only one)

☐Hispanic or Latino ☐ Not Hispanic or Latino

Race:

☐White ☐Black or African America ☐ American Indian ☐ Asian ☐Native Hawaiian or other Pacific Islander
☐Other (Specify) _____

Information not provided _____(initial)

Citizenship:

☐US Citizen ☐ Permanent Resident Alien ☐ Non-Resident Alien ☐Other (Specify)_____

Co-Applicant (if applicable): Check all that apply:

☐Female head of household ☐ Single Head of Household ☐ US Veteran ☐ Disabled
☐Homeownership Voucher Program: ☐Yes ☐ No ☐Family Self Sufficiency ☐Section 8 _____

Highest Education Level:

☐Some HS ☐HS Diploma ☐GED Diploma ☐ Vocational Certificate ☐Some College ☐Associates Degree
☐Bachelor’s Degree ☐ Master’s Degree ☐Doctoral Degree

Ethnicity of Head of Household (select only one)

☐Hispanic or Latino ☐ Not Hispanic or Latino

Race:

☐White ☐Black or African America ☐ American Indian ☐ Asian ☐Native Hawaiian or other Pacific Islander
☐Other (Specify) _____

Information not provided _____(initial)

Citizenship:

☐US Citizen ☐ Permanent Resident Alien ☐ Non-Resident Alien ☐Other (Specify)_____

EMPLOYMENT

List each current employer for each member of the household over eighteen (18) years of age who is receiving any type of income.

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____	
		Yrs. Employed in this line of work/profession	
Position/Title/Type of Business	Business Phone	Salary \$	Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____	
		Yrs. Employed in this line of work/profession	
Position/Title/Type of Business	Business Phone	Salary \$	Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____	
		Yrs. Employed in this line of work/profession	
Position/Title/Type of Business	Business Phone	Salary \$	Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Note: These questions are being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.

ANNUAL INCOME

Income	Borrower	Co-Borrower
Annual wages, salary, tips, etc.	\$	\$
Social Securities and/or Pension Income	\$	\$
Public Assistance (Aid to Families with Dependent Children, AFDC, SSI, etc.)	\$	\$
Alimony and/or Child Support Allotments	\$	\$
Unemployment Compensation	\$	\$
Net Income from Operating a Business or Real Estate	\$	\$

ASSETS

List Checking and Savings Accounts below (check which applies)		(✓) Borrower	(✓) Co-Borrower
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			
Acct. no.	\$		
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			
Acct. no.	\$		
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			
Acct. no.	\$		
Stocks & Bonds (Company name/number & description)	\$		
Life insurance net cash value	\$		
Face amount: \$	\$		

BUDGET

Primary Mortgage (including taxes & insurance)	\$	Child/Dependent Care	\$
Other Mortgages	\$	Utilities (water, electricity, gas, cable, etc.)	\$
Maintenance/ Homeowners Assoc. Fee	\$	Telephone (Land line and Cell phone)	\$
Other Loans	\$	Groceries and Toiletries	\$
Credit Cards (minimum payment)	\$	Dry Cleaning and Clothing	\$
Automobile Loans	\$	Medical Expenses (uninsured)	\$
Car expenses (gas,maintenance,parking)	\$	Spending Money/Entertainment	\$
Insurance (automobile, health, life)	\$	Other Monthly Expenses (explain)	\$
Alimony/child support	\$	Child/Dependent Care	\$

CREDIT AUTHORIZATION FORM

I _____, residing at _____,
(First & Last Name) (Address)

hereby authorize and instruct Nassau County’s Office of Housing and Intergovernmental Affairs (hereafter OHIA) and Office of Housing and Homeless Services, to obtain and review my credit report. My credit report will be obtained from the following credit reporting agencies: TransUnion, Experian, and Equifax. I understand and agree that OHIA intends to use the credit report for the purpose of assisting me construct a plan to repair my current credit status and evaluating my financial situation for Default Prevention counseling purposes.

Authorized Signature of Applicant Date

Authorized Signature of Co-Applicant Date





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PRIVACY & DISCLAIMER DISCLOSURE FORM

The Nassau County Office of Housing and Homeless Services, Homeownership Center (NCHOC) is a certified counseling agency which provides counseling to residents of Nassau Counties in the following general areas: Housing counseling/affordable development, Pre-occupancy/Pre-purchase; post purchase; rental counseling, mortgage default counseling, rent-delinquency, rent-occupancy, post-occupancy, rehabilitation (if applicable) and money management counseling, and mortgage product counseling.

All applicants for NCHOC’s counseling services agree to provide NCHOC with true and accurate information and documentation upon which NCHOC will base its counseling, information provided and referrals. It is expressly understood that the advice, counseling information opinion provided to the applicant by NCHOC, its agents, servants or employees shall not replace the applicant’s own independent inquiry and investigation to determine his/her course of action.

I hereby authorize _____ from the Nassau County Homeownership Program to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original.

Borrower’s Address: _____
Street Address Town State Zip Code

Loan # _____

Borrower (printed) _____ S.S. # _____ - _____ - _____

Borrower (signed) _____ Date _____

Co-Borrower (printed) _____ S.S.# _____ - _____ - _____

Co-Borrower (signed) _____ Date _____

